

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

B-PAC

ADDRESS (number and street)

601 PENNSYLVANIA AVENUE NW

NORTH BUILDING SUITE 1000

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00567982

3. IS THIS REPORT

NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y

10

16

2014

through

M M / D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Elizabeth B. White

Signature of Treasurer

Elizabeth B. White

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

05

05

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

B-PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 10 16 2014

To:

 M M / D D / Y Y Y Y Y  
 11 24 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	419570.61	
(c) Total Receipts (from Line 19) .....	836000.00	2456000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1255570.61	2456000.00
7. Total Disbursements (from Line 31) .....	1170169.35	2370598.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	85401.26	85401.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	125000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**B-PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

836000.00

2456000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

836000.00

2456000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

836000.00

2456000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

836000.00

2456000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

836000.00

2456000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	93305.52	154609.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	93305.52	154609.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1076863.83	2215988.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1170169.35	2370598.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1170169.35	2370598.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	836000.00	2456000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	836000.00	2456000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	93305.52	154609.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	93305.52	154609.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

## **A. Cliff Asness**

Mailing Address Two Greenwich Plaza

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AQR Capital Management

Occupation  
Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

## **B. Glassman Holt Klein Kramer**

Mailing Address 575 Lexington Ave  
Floor 19

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

## **C. Ben Heller**

Mailing Address PO Box 320845

City State Zip Code  
Alexandria VA 22320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-employed

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period

140000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

265000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

**A. Beth Heller**

Mailing Address PO Box 320845

City State Zip Code  
 Alexandria VA 22320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.4390

Amount of Each Receipt this Period

140000.00

Full Name (Last, First, Middle Initial)

**B. Terri Herenstein**

Mailing Address PO Box 320866

City State Zip Code  
 Alexandria VA 22320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

**C. Jacqueline Kahana**

Mailing Address PO Box 15277

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.4324

Amount of Each Receipt this Period

100000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

**A. James M Kilts**

Mailing Address 3 Greenwich Office Park

City State Zip Code  
 Greenwich CT 06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centerview Partners

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 03 / 2014

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Jay Robinow**

Mailing Address 10048 Goodman Dr

City State Zip Code  
 Overland Park KS 66212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRI, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 18 / 2014

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Paul Singer**

Mailing Address 40 W 57th Street  
 #5

City State Zip Code  
 New York NY 10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elliot Management

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

10 / 29 / 2014

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

100000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

106000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

## **A. The Bth Investment Trust**

Mailing Address 500 Stanton Christiana Rd

City State Zip Code  
Newark DE 19713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2014

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period

125000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125000.00

836000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

**A. Jeremy Boreing**

Mailing Address 154111 LeMay St

City Van Nuys                      State CA                      Zip Code 91406

Purpose of Disbursement  
Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary    ☒ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2014
**Transaction ID : SB21B.4293**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Cadett Marketing, Inc.**

Mailing Address 183 Market Street

City Saddle Brook                      State NJ                      Zip Code 07663

Purpose of Disbursement  
Fundraising supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary    ☒ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2014
**Transaction ID : SB21B.4299**

Amount of Each Disbursement this Period

555.67

Full Name (Last, First, Middle Initial)

**C. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean                      State VA                      Zip Code 22101

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014
**Transaction ID : SB21B.4343**

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5585.67

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

**A. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean                      State VA                      Zip Code 22101

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For: 2014  
☒ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      21                      2014
**Transaction ID : SB21B.4344**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean                      State VA                      Zip Code 22101

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For: 2014  
☒ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      23                      2014
**Transaction ID : SB21B.4346**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean                      State VA                      Zip Code 22101

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For: 2014  
☒ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      28                      2014
**Transaction ID : SB21B.4347**

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

B-PAC

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Three digital displays showing the date 10/30/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '30' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

90.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

**A. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2014

**Transaction ID : SB21B.4284**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**B. Chainbridge Bank**

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement  
Bank fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		21		2014

**Transaction ID : SB21B.4301**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. Clark Hill, PLC**Mailing Address 601 Pennsylvania Ave NW  
Suite 1000 N. Bldg

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

**Transaction ID : SB21B.4435**

Amount of Each Disbursement this Period

11750.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11810.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

## **A. Fourth Factor**

Mailing Address 313 W. 57th St.  
#30

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

13000.00

Full Name (Last, First, Middle Initial)

## **B. Greener and Hook**

Mailing Address 901 King Street  
Suite 400

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Media consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : SB21B.4440**

Amount of Each Disbursement this Period

5400.00

Full Name (Last, First, Middle Initial)

## **C. Harris Media**

Mailing Address 611 S Congress Ave, Suite 400

City State Zip Code  
Austin TX 78704

Purpose of Disbursement  
Website design

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : SB21B.4439**

Amount of Each Disbursement this Period

7345.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25745.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## B-PAC

12245.55

Category/  
Type

M M / D D / Y Y Y Y  
10 17 2014

5000.00

Category/  
Type

MM / DD / YYYY  
11 / 19 / 2014

5000.00

Category/  
Type

22245.55

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**B-PAC**

Full Name (Last, First, Middle Initial)

**A. R.S. Run, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2014

Mailing Address 1025 Westchester Ave  
Suite 102City State Zip Code  
White Plains NY 10604Purpose of Disbursement  
Strategy Consulting Services

Candidate Name

Category/  
Type**Transaction ID : SB21B.4437**

Amount of Each Disbursement this Period

20000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Wilson Perkins Allen Research LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Mailing Address 1319 Classen Dr

City State Zip Code  
Oklahoma City OK 73103Purpose of Disbursement  
Survey Research

Candidate Name

Category/  
Type**Transaction ID : SB21B.4291**

Amount of Each Disbursement this Period

7700.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

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Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27700.00
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93266.22
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 24

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**B-PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cambridge Analytica**

Nature of Debt (Purpose):

Web ads

Mailing Address The News Corp Bldg Suite 2703  
1211 6th AveCity State Zip Code  
New York NY 10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4357

Amount Incurred This Period

125000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

125000.00

2) **TOTALS** This Period (last page this line number only)..... ►

125000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

125000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567982
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Cambridge Analytica</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address The News Corp Bldg Suite 2703 1211 6th Ave		Amount 125000.00	
City New York	State NY	Zip Code 10036	Transaction ID : SE.4441
Purpose of Expenditure web ads; also Support Scott Brown		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Declaration Entertainment Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address PO Box 53281		Amount 9371.83	
City Lubbock	State TX	Zip Code 79453	Transaction ID : SE.4375
Purpose of Expenditure Media Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9371.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth B. White

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 05 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567982		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

  

Full Name of Payee <b>Declaration Entertainment Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>		
Mailing Address <b>PO Box 53281</b>			Amount <b>200.00</b>		
City <b>Lubbock</b>	State <b>TX</b>	Zip Code <b>79453</b>	Transaction ID : <b>SE.4384</b>		
Purpose of Expenditure <b>Production expense</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>		
Name of Federal Candidate <b>THOMAS COTTON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>200.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>Declaration Entertainment Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 23 / 2014</b>		
Mailing Address <b>PO Box 53281</b>			Amount <b>200.00</b>		
City <b>Lubbock</b>	State <b>TX</b>	Zip Code <b>79453</b>	Transaction ID : <b>SE.4367</b>		
Purpose of Expenditure <b>Production and Media Buy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2014</b>		
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>356776.83</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>400.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Elizabeth B. White*

Signature \_\_\_\_\_

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 05 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 20 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567982		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>					
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 21 / 2014</b>		
Mailing Address 901 King Street Suite 400			Amount <span style="border:1px solid black; padding:2px;">267895.00</span>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4202</b>		
Purpose of Expenditure Television Production and Media Buy		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 21 / 2014</b>		
Name of Federal Candidate CORY GARDNER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">267895.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 24 / 2014</b>		
Mailing Address 901 King Street Suite 400			Amount <span style="border:1px solid black; padding:2px;">77716.00</span>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4214</b>		
Purpose of Expenditure Television Media Buy, Production		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 24 / 2014</b>		
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">77916.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">345611.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Elizabeth B. White</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>05 / 05 / 2015</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567982		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2014		
Mailing Address 901 King Street Suite 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">321940.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : <b>SE.4222</b>
Purpose of Expenditure Production and Media Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 24 / 2014	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">345376.83</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2014		
Mailing Address 901 King Street Suite 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">155725.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : <b>SE.4263</b>
Purpose of Expenditure Television Production, Media Buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2014	
Name of Federal Candidate GREGORY JOHN ORMAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">155725.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">477665.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Elizabeth B. White</u>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 05 / 05 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 24  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567982		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 28 / 2014</b>		
Mailing Address 901 King Street Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">5700.00</span>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : <b>SE.4260</b>
Purpose of Expenditure Television production-also supports Cory Gardner		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 29 / 2014</b>	
Name of Federal Candidate MARK E UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">284795.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 29 / 2014</b>		
Mailing Address 901 King Street Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">109776.00</span>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : <b>SE.4379</b>
Purpose of Expenditure Television Production and Media Buy		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 29 / 2014</b>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">466552.83</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">115476.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Elizabeth B. White</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>05 / 05 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00567982</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>Greener and Hook</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 31 / 2014</div>		
Mailing Address 901 King Street Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">99375.00</div>		
City Alexandria		State VA	Zip Code 22314		<b>Transaction ID : SE.4271</b>
Purpose of Expenditure Media Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">565927.83</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Harris Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2014</div>		
Mailing Address 611 S Congress Ave, Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11200.00</div>		
City Austin		State TX	Zip Code 78704		<b>Transaction ID : SE.4228</b>
Purpose of Expenditure web ads; also support Cory Gardner		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2014</div>	
Name of Federal Candidate MARK E UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">279095.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">110575.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Elizabeth B. White</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 05 / 2015</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>B-PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00567982</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Harris Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2014</div>		
Mailing Address 611 S Congress Ave, Suite 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11200.00</div>		
City Austin		State TX	Zip Code 78704		<b>Transaction ID : SE.4237</b>
Purpose of Expenditure Web ads; also supports Joni Ernst		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2014</div>	
Name of Federal Candidate <b>BRUCE L BRALEY</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">356576.83</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Redwave Digital</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>		
Mailing Address 4019 Ingersoll Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6565.00</div>		
City Des Moines		State IA	Zip Code 50312		<b>Transaction ID : SE.4256</b>
Purpose of Expenditure Television Production expense		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>	
Name of Federal Candidate <b>JONI K ERNST</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">14065.00</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">17765.00</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1076863.83</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Elizabeth B. White</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 05 / 2015</div>		
			[Electronically Filed]		